



Thank you for providing screening and/or diagnostic services for *Women's Health Check*, Idaho's Breast and Cervical Cancer Early Detection Program. The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is a landmark program that brings critical breast and cervical cancer screening services to medically underserved women.

- Approximately 23,000 (13%) of Idaho women aged 50 and older have never had a mammogram.
- Women with limited resources often are not able to travel to another community for a mammogram and/or Pap test.
- Over 2500 Idaho women per year who might not otherwise have been screened and diagnosed are served through this program.
- *Women's Health Check* reimburses for breast and cervical screening and diagnostic procedures for women 50-65 who have limited income and no insurance to cover these services.
- Reimbursement is at the Idaho Medicare rate.
- This is a federally funded program; billing is processed as soon as results of tests are received.
- Access to providers of these services is critical to reducing the burden of late stage breast and cervical cancers in Idaho.
- By partnering, we can save lives through early detection.

This manual offers providers a concise resource for managing *Women's Health Check* clients. Services, summaries, forms, instructions, protocols and case management requirements are all included. We hope that this manual will aid you in understanding the important part you play through providing *Women's Health Check* services.

# Provider Manual Contents

- I. Program Overview**
- II. Client Eligibility**
  - a. Quick Reference Guide
- III. Services Summary**
  - a. Required Screening Services
  - b. Diagnostic Services
  - c. Reimbursement Rates for WHC CPT codes
  - d. Standards of Care
  - e. Non-Reimbursables
  - f. Rescreening Protocol
  - g. Rescreening Reminder System
- IV. Provider Requirements**
  - a. Reporting Findings
  - b. Requirements for Timeliness and Adequacy
  - c. Other
- V. Case Management**
  - a. Goals/Definition
  - b. Client Follow-Up for Abnormal Findings
  - c. Closures
  - d. Intake Assessment Form
- VI. Medicaid Treatment Act**
  - a. Application (Instructions)
  - b. Forms
    - i. Presumptive Eligibility Form
    - ii. Medicaid Verification
- VII. Billing Guidelines/Submission**
  - a. Billing Guidelines
    - i. Contractors
    - ii. Providers
  - b. Requirements for Submitting procedure/test results
  - c. Other
- VIII. Forms and Instructions**
  - a. Idaho WHC Enrollment Form (English) E1-e
  - b. Idaho WHC Enrollment Form (Spanish)E-1s
  - c. Idaho WHC Intake Assessment CM-1
  - d. Idaho WHC Screening Form S-1
  - e. Abnormal Breast Screening Follow-Up Form #1 AB-1
  - f. Abnormal Breast Screening Follow-Up Form #2 AB-2
  - g. Abnormal Breast Screening Follow-Up Form #3 AB-3
  - h. Abnormal Cervical Screening Follow-Up Form #1 AC-1
  - i. Abnormal Cervical Screening Follow-Up Form #2 AC-2
  - j. Idaho WHC Screening Mammogram Voucher (Sample)
  - k. Originals (in plastic)
- IX. Liability**
- X. Frequently Asked Questions (These can be submitted by coordinators and can be added to – ongoing)**
- XI. Glossary of Terms/Abbreviations (Acronyms)**

# I. Program Overview

- Purpose: ***To provide breast and cervical cancer screening for older, uninsured women with limited family income and no other resources for these services. Early detection can reduce breast and cervical cancer mortality.***
- This program is funded by the Centers for Disease Control and Prevention (CDC) as a cooperative agreement with the State of Idaho, through your local Health District or contracting clinic.
- Nationally, the program is known as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).
- In Idaho the program is administered by the Department of Health and Welfare, Division of Health, Bureau of Clinical and Preventive Services.
- States receiving funds through Public Law (101-345) are responsible for the following:
  - *screening eligible clients*
  - *follow-up and tracking/case management for any women with abnormal results*
  - *public education*
  - *professional education*
  - *quality assurance*
  - *surveillance*
  - *evaluation*
  - *collaboration*
- In return for reimbursement of services offered, data must be reported by providers. Statewide data (including results of all procedures) is aggregated and must be reported to CDC after removing all personal identifiers.
- As of July 1, 2001, women who have been screened and diagnosed with breast or cervical cancer through Women's Health Check may be eligible for treatment through Medicaid, thanks to the "Every Woman Matters" legislation. The client must be under age 65, be a U.S. Citizen or eligible alien with a Social Security number, and have no creditable insurance.

## II. Client Eligibility

### A. Who is eligible?

- ø Women ages 50 and Older (until Medicare eligible)
- ø No insurance for annual screening
- ø Income less than 200% of federal poverty level (Specific amounts published annually)
- ø Women who are **not** currently undergoing a diagnostic workup or in treatment for breast or cervical cancer

### B. Quick Reference Guide

#### ***Women's Health Check*** Eligibility

*Effective for 2001*

Idaho women may qualify for WHC's cancer screenings ...	
If they are a family of:	...AND the family earns up to:
1	\$19,140 a year or \$1,595 a month
2	\$25,660 a year or \$2,138 a month
3	\$32,180 a year or \$2,682 a month
4	\$38,700 a year or \$3,225 a month
For each additional person add:	\$6,520 a year or \$543 a month

## III. Services Summary

### A. Required Screening Services

<b>WHC Breast Cancer Screening:</b>
<i>Women age 50 and Older (with no Insurance, Medicaid, or Medicare part B) are eligible for:</i> <ul style="list-style-type: none"><li>• Annual clinical breast examination (CBE)</li><li>• Mammogram</li><li>• Breast self-examination (BSE) instruction every year</li><li>• Diagnostic tests or Consultation by Breast Specialist, if needed</li></ul>
<b>WHC Cervical Cancer Screening:</b>
<i>Women age 50 and Older (with no Insurance, Medicaid, or Medicare part B), and who have</i>

*an intact cervix are eligible for:*

- Annual pelvic examination
- Annual Pap test
- Diagnostic services if initial cervical cancer screening (Pap test) is abnormal (done at a participating WHC provider)

***After three consecutive normal Pap tests, client will receive a Pap test every three years***

*Women who have had a Hysterectomy:*

- Due to cervical cancer or dysplasia, women continue to be eligible for regular cervical cancer screenings
- Performed for any other reason, client will be eligible for one pelvic exam to confirm the presence or absence of the cervix. If there is no cervix, she is not eligible for cervical cancer screening.

## B. Diagnostic Services

### Other Services Reimbursed by WHC:

*Diagnostic tests, as listed in schedule of eligible CPT codes for this program*

<i>Breast:</i>	<i>Cervical:</i>
<ul style="list-style-type: none"> <li>• Repeat CBE and/or mammogram</li> <li>• Fine needle aspiration (FNA)</li> <li>• Ultrasound</li> <li>• Core needle biopsy</li> <li>• Stereotactic breast biopsy</li> <li>• Incisional and excisional biopsies, may include anesthesia and facility fees</li> <li>• Specialist Consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Repeat Pap test and pelvic examination</li> <li>• Colposcopy (with or without biopsy)</li> <li>• Endocervical curettage (ECC) – colposcopy directed</li> <li>• Specialist Consultation</li> </ul>
<ul style="list-style-type: none"> <li>• Contractor (<i>local Health District or contracting clinic</i>) will assist with case management and follow-up of clients with abnormal screening results or who have other major barriers to obtaining eligible services</li> </ul>	

## C. Women's Health Check Reimbursement Rates 2002

CPT Code	Procedure	Global Rate	Technical Component	Professional Component
19000	Aspiration of Cyst of Breast	70.95		
19001	Aspiration of Cyst of Breast, each additional cyst	42.56		
19100	Biopsy of Breast; Needle core (separate procedure only)	93.77		
19101	Incisional Biopsy of Breast	282.18		
19102	Percutaneous, Needle Core, using image guidance	235.44		
19103	Percutaneous, automated vacuum assisted or rotating biopsy device, using image guidance	537.44		
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	368.49		
19125	Excision of breast lesion identified by pre-operative placement of radiological marker – single lesion	392.51		
19126	Excision of breast lesion identified by pre-operative placement of radiological marker – each additional lesion	141.02		
19290	Preoperative placement of needle localization wire, breast	139.29		
19291	Preoperative placement of needle localization wire, each additional lesion	77.92		

19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	90.43		
57452	Colposcopy	90.10		
57454	Colposcopy with Biopsy and/or endocervical curettage	106.43		
76090	Diagnostic Unilateral Mammogram	65.63	32.79	32.84
76091	Diagnostic Bilateral Mammogram * ( <i>Diagnostic Mammography should be performed on women with implants event if asymptomatic. 4 views rather than two should be performed whenever possible USDHHS&lt; Clinical Practice Guidelines Number 13</i> )	80.97	40.62	40.34
76092	Screening Mammogram	71.87	39.03	32.84
76095	Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation	297.17	222.44	74.73
76096	Preoperative placement of needle localization wire, breast radiological supervision and interpretation	67.00	40.62	26.38
76098	Radiological examination, surgical specimen	20.45	12.80	7.65
76645	Ultrasound-Echography, Breast (unilateral or bilateral) B-scan and/or real time with image documentation	58.16	32.79	25.36
76938	Ultrasonic guidance for cyst aspiration, radiological supervision and interpretation	88.13	53.55	34.58
76942	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	78.70	47.36	31.34
88141	Pap Smear, Reported in Bethesda System requiring interpretation by Physicians (only where justified)	20.83		
88164	Pap Smear	14.60		
88170	Fine Needle Aspiration with/without Preparation Smears	79.90	13.51	66.39
88172	Evaluation of Fine Needle Aspiration	43.26	13.12	30.14
88173	Interpretation and report of Fine Needle Aspiration	106.97	37.35	69.61
88305	Breast or Colposcopy Biopsy Interpretation	83.73	46.14	37.54
99201	Office visit – New patient (10 minutes face to face)	30.99		
99202	Office visit – New patient (20 minutes face to face)	56.04		
99203	Office visit – New patient (30 minutes face to face)	83.72		
99211	Office visit – Established patient (5 minutes face to face)	18.21		
99212	Office visit – Established patient (10 minutes face to face)	32.90		
99213	Office visit – Established patient (15 minutes face to face)	45.83		
99214	Office visit – Established patient (30 minutes face to face)	72.11		
99241	Consultation visit – (15 minutes face to face with patient)	42.73		
99242	Consultation visit – (30 minutes face to face with patient)	79.30		
99243	Consultation visit – (40 minutes face to face with patient)	105.58		

1/15/02

## D. Standards of Care

### *Minimum Expected Follow-up for Breast Cancer Screening Results*

#### Clinical Breast Exam Result:

##### Expected Follow-up:

Normal/Benign

Annual

Diagnostic referral based on mammogram results

Abnormal

rescreen or:

Repeat CBE, mammogram with/without additional views, ultrasound, fine needle aspiration, biopsy, and/or surgical consultation. (any two)

#### Mammography Result:

##### Expected Follow-up:

Category 1 – Negative

Annual

Diagnostic referral based on CBE result

Category 2 – Benign

rescreen or:

Diagnostic referral based on CBE result

Category 3 – Probably Benign

Short interval follow-up (within 6 months)

Category 4 – Suspicious

Additional views, ultrasound, and/or surgical consultation, biopsy (any two)

Abnormality

Category 5 – Highly Suggestive of  
Malignancy  
Category 6 – Assessment is  
Incomplete

Breast biopsy or fine needle/cyst aspiration  
Additional views or ultrasound

- Standards of Care Algorithms (attached)
  - Normal/Benign Clinical Breast Exam Standards
  - Abnormal Clinical Breast Exam Standards
  - Cervical Cancer Screening Standards

## E. Non-Reimbursable

What is not covered?

- Services provided to ineligible women (age, income, insurance, in process of diagnosis or treatment)
- Any client service not listed on the approved CPT Code list
- Services where standards outlined in the WHC Standards for Breast or Cervical Cancer Screening are not met
- Screening services that are incomplete (CBE without mammogram, Pap with inadequate specimen)
- Mammography and/or Pap test results that are reported as unsatisfactory. In the case of unsatisfactory results, the test must be repeated and the results reported to WHC.

- Services will not be reimbursed without result reported
- Screening for any disease or medical condition other than breast or cervical cancer.

## F. Rescreening Protocol

***Rescreening:*** *the process of returning for a breast cancer screening test at a predetermined interval, usually one year.*

- In order for a woman to be eligible for rescreening, she must meet all eligibility guidelines (each year). The WHC Enrollment Form must be completed, signed and submitted to the program annually.
- Scheduling clients for rescreening for breast and cervical cancer is the responsibility of all providers. Providers may use a computerized or manual system for this activity
- Providers shall notify all clients in advance of the recommended rescreening dates. If no appointment is made after the first notification, a second attempt shall be made. Documentation of the notifications shall be retained in the client record.
- WHC Contractors (Health Districts and contracted clinics) are required to use Adult Preventative Health Program System (APHP) for tracking and follow-up
- The APHP software developed by PRO-West is free to providers and may be downloaded from the website: [www.adultpreventivecare.org](http://www.adultpreventivecare.org)

## G. Rescreening Reminder System

PRO-West has developed software (Adult Preventative Health Program) that is free to physicians and other healthcare professionals in Idaho. This is a data entry system designed to manage patient health care treatment information. This system has the ability to monitor recommended adult preventive health care for mammography, Pap tests, adult immunization, diabetes, cholesterol, and blood pressure. Processes are included for entering patient data such as demographics, clinician, payer, and patient service history. Processes are included for importing patient data from other systems, if the data exists.

Physicians and other healthcare professionals who have female patients that participate in the *Women's Health Check* Program have the ability to generate reports for adequate follow-up of abnormal results, incomplete screening (i.e., missed appointments) and to generate monthly billing to the program.

Physicians and other healthcare professionals may obtain this software free of charge. Please contact PRO-West at 208.343.4617 or visit the website: [www.adultpreventivecare.org](http://www.adultpreventivecare.org)



## IV. Provider Requirements

### A. Reporting Findings:

- Results of all tests and exams must be submitted to *Women's Health Check* contractor (local health district or contracting clinic) in standard format within 30 days of procedure.

### B. Requirements for Timeliness and Adequacy:

- **Billing, including results of all tests and exams must be submitted within 30 days** to your local WHC coordinator

- Client must receive a Mammogram **within 60 days** of the Clinical Breast Exam that is reported in required data

### C. Other:

- Client should not be billed for services covered by WHC
- Mammography facility, lab, physician or other healthcare professional must have appropriate certification/licenses for services (ex: MQSA, CLIA-88) and code results according to ACR BI-RADS (mammography) or Bethesda system (Pap)
- Women's Health Check forms must be completed accurately for all client services (Screening, Diagnostic, Consultation). *All data on these forms must be reported by the state to the Centers for Disease Control and Prevention*

## V. Case Management

### A. Definition/Goal

- **Definition:** To track and follow women with abnormal screening/diagnostic results and/or a cancer diagnosis by assessing individual needs, planning and coordinating of services, referral, monitoring and advocacy
- **Goal:** To ensure that women enrolled in the program receive timely and appropriate diagnostic, treatment and rescreening services (**No more than 60 days will pass between the time an abnormal finding is identified, final diagnosis is made and treatment is initiated.**)

## B. Client Follow-Up for Abnormal Findings

In special instances, case management (CM) can be provided to women who have previous history of abnormals, screening which requires short term follow-up, and/or do not respond to re-screening reminders.

## C. Closure

- Client should be closed to WHC when she is no longer eligible due to income, insurance, or eligible for Medicaid or Medicare (notify WHC)
- Client should be closed to WHC when she moves out of state (notify WHC)

Case Management Services conclude when:

- Diagnostic services have been completed
- Treatment is initiated (Clients accepted by Medicaid for treatment should be maintained in the tracking system and notified when it is time for re-screening. If they are still in treatment, Medicaid may cover the mammogram and/or Pap smear if it is related to treatment follow-up.

## D. Intake Assessment Form (WHC: CM-1)

- Must be completed on all clients at the time of enrollment to insure client understands and agrees to terms of participation in Women's Health Check.
- Provides assessment of any barriers to obtaining and completing services.
- Provides referral for additional services if enrolled at a mammography site.

## E. Service Referral (sample attached)

- WHC clients may be referred to qualified providers for additional services
- All providers must be appropriately licensed, and have a contract or formal agreement with the local WHC Contractor that outlines billing, reporting of results, and that client will not be billed for eligible services
- Local WHC offices may use a Mammogram Voucher or other means to identify WHC clients when referred to another provider

# VI. Medicaid Treatment Act

## Women's Health Check Instructions Medicaid Application

### A. Instructions

**Client must be screened and diagnosed with breast or cervical cancer through Women's Health Check.**

REQUIRED FORMS:

- **Idaho WHC Enrollment Form** version 10.01.2002 or newer, signed by client

- **Presumptive Eligibility Form, Idaho–Medicaid** - Case Manager completes and signs, client signs.
  - ◆ Obtain Initial Plan of Care and Treatment Start Date from the diagnosing physician.
  - ◆ Print physician name and phone so it is legible.
- **Breast and Cervical Cancer Medicaid Verification** - page one only
  - ◆ Part 1 must be signed by client
  - ◆ Part 2, Section 1
    - if no insurance, client checks box and signs. No further information needed
    - if insured, complete information (client and Case Manager)
  - ◆ Second page (Part 2, Section 2) will be completed by Bureau of Medicaid Programs and Resource Management **only if** client indicates insurance source

FORWARD TO WHC STATE OFFICE (via FAX: 208.334.0657)

- Enrollment form
- PE form.
- Medicaid verification

***Make sure information is complete on all forms***

#### NOTIFICATION OF ACCEPTANCE OR DENIAL

- You will receive a copy of Medicaid's letter to the client.
  - If accepted, they will be given their Medicaid ID number
  - Give the provider the Medicaid ID # for billing purposes, and reinforce that WHC can be billed for approved diagnostic codes. Medicaid is to be billed for treatment related services.

#### NOTIFICATION OF CLOSURE TO MEDICAID

You will receive a copy of the letter to the client, terminating Medicaid coverage.

## VII. Billing Guidelines/Submission

### A. Billing Guidelines

- **Providers** (*Mammography facilities, labs, Physicians and other healthcare professionals*)
  - Bill the local Health District or clinic which has subcontracted with appropriate service providers for eligible services at listed Medicare Rates within 30 days of service
  - Client may not be billed for any part of covered service
  - Results of test must be submitted prior to or with billing
- **Contractors** (*Health Districts, or contracted clinics*)

- Must submit a copy of written contract or formal agreement that sub-contractors (*service providers, including Mammography facilities, labs, physicians and other healthcare professionals*) sign to contract with state WHC program
- Providers will bill the contractor for eligible services at Medicare Rates, and not bill the client any balance
- Contractors bill the state for reimbursement when data is submitted (bill and test results due within 30 days)

## E. Requirements for Submission of Bills

### Submission of Test Results

- Mammography facilities, labs, physicians and other health professionals send results of all test results to WHC Contractor (Health District or clinic)
- Contractor submits test results to state with monthly billing
- Mammograms must be reported using accepted BI-RADS numerical categories
- Pap test results must be reported using BETHESDA categories
- CBE results must be reported according to categories listed on WHC Screening form
- Any abnormal screening test result that is recorded in the gray areas of the WHC Screening form is considered suspicious for cancer and must receive adequate and timely follow-up (see Standards of Care III C)
- Providers will only be reimbursed for client services when all required information has been received according to guidelines listed above

## C. Other

- This program is, by Federal Law, payer of last resort (*including other federal programs*)
- Treatment – Case Manager from Health District or clinic will assist client in applying for Medicaid or help locate any available resource to pay for treatment

## VIII. Forms and Instructions

- A. Idaho WHC Enrollment Form (English) E-1e *Required Annually*
- B. Idaho WHC Enrollment Form (Spanish) E-1s *Required Annually*
- C. Intake Assessment CM-1 *Required at time of enrollment*
- D. Idaho WHC Screening Form S-1 *Records results of screening exams and tests*
- E. Idaho WHC Abnormal Breast Screening Follow-Up Form #1 AB-1  
*Records results of Diagnostic Mammogram, Ultrasound, Final Diagnosis and Recommendations based on those procedures*
- F. Idaho WHC Abnormal Breast Screening Follow-Up Form #2 AB-2  
*Records results of Biopsy, Fine Needle Aspiration, Final Diagnosis and Recommendations based on those procedures*

- G. Idaho WHC Abnormal Breast Screening Follow-Up Form #3 AB-3  
Records results of Surgical Consultation, or Repeat CBE by breast specialist, Final Diagnosis and Recommendations based on those exams
- H. Idaho WHC Abnormal Cervical Screening Follow-Up Form #11 AC-1  
*Records results of Colposcopy with or without biopsy, Final Diagnosis and Recommendations based on those procedures*
- I. Idaho WHC Abnormal Cervical Screening Follow-Up Form #2 AC-2  
*Records results of Gynecological Consultation, Other diagnostic procedures (such as LEEP), Final Diagnosis and Recommendations based on those procedures.*
- J. WHC Screening Mammogram Voucher (sample)
- K. Presumptive Eligibility Form Idaho – Medicaid T-1 *Fax to state WHC office when client is diagnosed through WHC with breast or cervical cancer and may be eligible for Medicaid*
- L. Idaho Department of Health and Welfare, Breast and Cervical Cancer Medicaid Verification *Fax to state WHC office for Creditable Insurance Determination following diagnosis of breast or cervical cancer through WHC and is applying for Medicaid*
- M. Master Copy of forms in plastic sleeves – update as needed)

## IX. Liability

- A. “Medical Malpractice and Breast Cancer Evaluation”  
*R. James Brenner, MD, JD, FACR*

“Delay in diagnosis of breast cancer is the most common reason that physicians are sued for malpractice, the most commonly named defendant being the radiologist and the greatest indemnity awards relating to primary care physicians. Reasonable clinical examinations with appropriate medical record documentation, combined with appropriate imaging studies and deliberate management plans form the basis for risk management. An awareness of the interaction between these two disciplines with respect to both limitations and potential of imaging and physical examination is essential to the aspect of legal liability and causation...”

## X. Frequently Asked Questions

## XI. Glossary of Terms/Abbreviations